

		Iowa Child and Adult Care Food Program On-Site Food Production Record		*Actual Number Served					
				Bft	AM Snack	Lunch	PM Snack	Supper	Late PMS
★Center Name:		1-2 years							
		3-5 years							
★Date (Month/Day/Year):		6-12 years							
		Participating Adults							
		Supervising Adults & Volunteers							
		Total Meals Served							
Requirements: 1. Menus must be maintained on a separate document. 2. Final Menus and Food Production Records must match and reflect actual meal service. 3. Starred items <u>must</u> be completed.									
Meal and Component		★Name of Each Food Used To Fulfill The CACFP Component Requirements. (Write USDA Recipe Number if used.)		Planned CACFP Serving Size	★ Quantity Prepared/Served (cups, lbs, qts, gal, number, etc.)		Comments (Food Temperatures, Leftovers, CN Label)		
Breakfast	Milk								
	Ft/Veg								
	B/G								
	Other foods								
AM Snack	Component 1								
	Component 2								
	Other foods								
Lunch	Milk								
	M/MA								
	Ft/Veg								
	Ft/Veg								
	B/G**								
	Other foods								
PM Snack	Component 1								
	Component 1								
	Other foods								
Supper	Milk								
	M/MA								
	Ft/Veg								
	Ft/Veg								
	B/G**								
	Other foods								
Late PM Snack	Component 1								
	Component 1								
	Other foods								

** Offer/Serve 2 Bread/Grain products for CACFP adult participants.